

FILED

Pro Se I (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

Alexandria Division

2017 JUN -9 P 1:08

CLERK US DISTRICT COURT
ALEXANDRIA, VIRGINIAMr. NIGEL JACKSON*Plaintiff(s)**(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)***-v-**INOVA Health Systems c/o RICHARD MCALEE
EAST TOWERS SUITE 200 EAST
8110 GATEHOUSE RD
FALLS CHURCH VA 22042*Defendant(s)**(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

Case No.

1:17 CV - 651*(to be filled in by the Clerk's Office)*

Jury Trial: (check one)



Yes



No

COMPLAINT FOR A CIVIL CASE**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>MR. NIGEL JACKSON</u>
Street Address	<u>5021 Seminary Rd #324</u>
City and County	<u>Alexandria</u>
State and Zip Code	<u>Virginia 22311</u>
Telephone Number	<u>571 294-6346</u>
E-mail Address	<u>njac319228@aol.com</u>

B. The Defendant(s)Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name	INOVA Health Systems c/o Richard MCalee
Job or Title <i>(if known)</i>	Legal Counsel
Street Address	East Tower Suites 200 East, 8110 Gatehouse Rd
City and County	Falls Church
State and Zip Code	Virginina
Telephone Number	703 289-2027
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Title VII Discrimination on the basis of Dissability, Race, Age and, Title 3 ADA and Americans with Disability Act failure to Accomodate

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.
Or is incorporated under the laws of *(foreign nation)* _____, and has its principal place of business in *(name)* _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

1. Plaintiff is a Disabled resident of Alexandria, Virginia
 2. Defendant is a Corporation and doing business as INOVA Alexandria Hospital is in Alexandria Virginia
 3. On or about June 10, 2015 Plaintiff was admitted in Emergency Room for evaluation Plaintiff complained of pain caused by Bed and requested a Bariatric Bed to accommodate Plaintiff's Disability. Doctors, Nurses, and Staff ignored Patients request.
 4. On or about June 10, 2015 Plaintiff was admitted to in Patient Care after being assured Bariatric Bed would be in Room and that Plaintiffs weight would not exceed Weight Restrictions of the Stress Test
 5. On or about June 11, 2015 Plaintiff was discharged after being subjected to Extreme and Outrageous Negligence from the Doctors, Nurses, and Staff. Plaintiff was advised his weight exceeded the Weight Restrictions and the Test could not be performed.
 6. On or about July, Plaintiff received Acknowledgement from Defendant of Wrong doing along with an Apology after their internal Investigation for my complaint of the Hospitals affirmed Outrageous Extreme Neglect.
 7. The Defendant advised me that my Medical charges of approximately \$5000.00 would be waived.
-

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Defendant on or about July 2015 after Investigation of my complaint of Emotional Distress and Pain and Suffering and the blatant Discrimination based on Disability Race, Age I was informed by Management that they determined that my Rights Protected under The Americans Dissability Acts were Violated and they Apologized and decided to waive the appoximately \$5000.00 Medical Bill and Doctors Bills. I am seeking to be made whole from ensuring the Extreme and Outrageous Negligence and Blatant Discrimination based on Plaintiff Dissability, Race, Age, Medical History,

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.


A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6 9 2017

Signature of Plaintiff

Printed Name of Plaintiff


Nigel Jackson

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

State and Zip Code

Telephone Number

E-mail Address

1 Pro Se
2 NIGEL JACKSON
3 5021 Seminary Rd #324
4 Alexandria, VA, 22311
5 571 294-6346
6 Njac319228@aol.com

7 UNITED STATES DISTRICT COURT EASTERN DISTRICT OF VIRGINIA
8 ALEXANDRIA

9 NIGEL JACKSON,

10 Plaintiff,

11 vs.

12 INOVA HEALTH SYSTEMS C/O

13 RICHARD MCALEE/HEATHER AUFIERO

14 EAST TOWERS SUITE 200 EAST

15 8110 GATEHOUSE RD

16 FALLS CHURCH VA 22042

17 703 289-2027

18 Defendant

Case No.: 1:17 - CV - 657

FAILURE TO ACCOMMODATE ADA
NEGLIGENT INFLICTION OF EMOTIONAL
DISTRESS.
PAIN AND SUFFERING
ADA DISCRIMINATION OF DISABILITY
RACIAL DISCRIMINATION

19 Plaintiff Pro se NIGEL JACKSON brings forth the following causes of action pursuant to ADA
20 Title III and ADA Title VII. Discrimination based on Disability, Race, Age, Failure to Accommodate, Negligent
21 Infliction of Emotional Distress, and Pain and Suffering.

22 Plaintiff Pro Se affirms this Case falls under Jurisdiction Federal Question

23 Plaintiff Pro Se Demands Jury Trial

24 Statement of Claim

- 25 1. Plaintiff is a Disabled resident of Alexandria, Virginia
- 26 2. Defendant is a Corporation and at the time of complaint Defendant's business INOVA
27 Alexandria Hospital is in Alexandria Virginia
- 28 3. On or about June 10, 2015 Plaintiff was admitted in Emergency Room for evaluation Plaintiff
29 complained of pain caused by Bed and requested a Bariatric Bed to accommodate Plaintiff's
30 Disability. Doctors, Nurses, and Staff ignored Patients request.
- 31 4. On or about June 10, 2015 Plaintiff was admitted to in Patient Care after being assured
32 Bariatric Bed would be in Room and that Plaintiffs weight would not exceed Weight
Restrictions of the Stress Test

FAILURE TO ACCOMMODATE ADA NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS. PAIN AND
SUFFERING ADA DISCRIMINATION OF DISABILITY RACIAL DISCRIMINATION - 1

- 1 5. On or about June 11, 2015 Plaintiff was discharged after being subjected to Extreme and
- 2 Outrageous Negligence from the Doctors, Nurses, and Staff. Plaintiff was advised his weight
- 3 exceeded the Weight Restrictions and the Test could not be performed.
- 4 6. On or about July, Plaintiff received Acknowledgement from Defendant of Wrong doing along
- 5 with an Apology after their internal Investigation for my complaint of the Hospitals affirmed
- 6 Outrageous Extreme Neglect.
- 7 7. The Defendant advised me that my Medical charges of approximately \$5000.00 would be
- 8 waived.
- 9
- 10

11 **COMPLAINT 1**

- 12 8. On or about June 10, Plaintiff arrived at Emergency Room INOVA Alexandria Hospital and
- 13 was placed in a standard Bed.
- 14 9. On or about June 10, Plaintiff requested a Bariatric Bed
- 15 10. Plaintiff, a Disabled Morbidly Obese Patient was denied reasonable request for
- 16 accommodation
- 17 11. Plaintiff suffered severe Back, Neck and numbness in legs as a result of Defendants refusal to
- 18 accommodate patient with Bariatric Bed.
- 19 12. Plaintiff endured Negligent Infliction of Emotional Distress after being ignored repeatedly
- 20 while complaining about the severe pain the Bed he was in was causing him.
- 21 13. Plaintiff believes the Emotional Distress was Intentional based on Discrimination of his
- 22 Disability, Race, and Medical History.

23 **COMPLAINT 2**

- 24 14. On or about June 10th the Doctor advised Plaintiff the need to admit Plaintiff for Test
- 25 15. Plaintiff again complained to Doctor about Pain caused by the Bed, and his concerns about
- 26 not wishing to have to endure this pain all night.
- 27 16. The Doctor apologized and assured Plaintiff there would be a Bariatric Bed in the Room
- 28 17. Plaintiff advised Doctor that before he agrees on being admitted for the "Stress Test" to make
- 29 sure that he did not exceed the Weight Restrictions for the "Stress Test" and that it could
- 30 accommodate me.
- 31 18. Doctor told Plaintiff he checked that Department and was told that The Stress Test could
- 32 accommodate my weight. Doctor admitted me.

FAILURE TO ACCOMMODATE ADANEGLIGENT INFLECTION OF EMOTIONAL DISTRESS.PAIN AND
SUFFERING ADA DISCRIMINATION OF DISABILITYRACIAL DISCRIMINATION - 2

COMPLAINT 3

19. After being admitted and transported to the Room Plaintiff was told that the Bariatric Bed was on its way.

20. Plaintiff suffered all night with no sleep, begging the staff to allow him to sit in the chair. Complaining constantly about Pain

21. On or about June 11th 2017 The tech who administers the "Stress Test" informed Plaintiff that due to Plaintiff exceeding the "Weight Restrictions" they will not be able to perform the test.

22. Extreme Outrageous Intentional, and Negligent Infliction of Emotional Pain and Suffering

23. On or about July 10 2017 Hospital Apologized and Waived my Hospital Charges of about \$5000.00

Damages

WHEREFORE, My Prayer for Relief

Plaintiff seeks punitive and compensatory damages in the amount of \$50,000.00 with court cost

Dated this 09 of JUNE, 2017.

Pro Se

FAILURE TO ACCOMMODATE ADANEGLIGENT INFLECTION OF EMOTIONAL DISTRESS.PAIN AND SUFFERING ADA DISCRIMINATION OF DISABILITYRACIAL DISCRIMINATION - 3

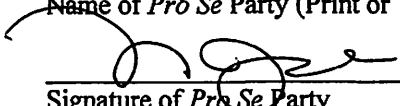
CERTIFICATION

I declare under penalty of perjury that:

(1) No attorney has prepared, or assisted in the preparation of this document.

Nigel Jackson

Name of *Pro Se* Party (Print or Type)


Signature of *Pro Se* Party

Executed on: 6/09/2017 (Date)

OR

(2)

(Name of Attorney)

(Address of Attorney)

(Telephone Number of Attorney)

Prepared, or assisted in the preparation of, this document.

(Name of *Pro Se* Party (Print or Type)

Signature of *Pro Se* Party

Executed on: _____ (Date)